

4243

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>195</u>	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. <u>576</u>	
City of _____	(No. _____ St. _____ Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Aurora Velasco</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>3</u>
Legitimate? <u>yes</u>	Date of Birth <u>Sept 30 - 1920</u>	Month	Day
Full Name <u>Juan Velasco</u>	FATHER	Full Maiden Name <u>Candelaria Stynes</u>	MOTHER
Residence <u>Miami, Arizona</u>		Residence <u>Miami, Arizona</u>	
Color or Race <u>Mex</u>	Age at last Birthday <u>25</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>27</u> Years
Birthplace <u>Zacatecas - Mexico</u>		Birthplace <u>Zacatecas - Mex</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 30, 1920, at 3 A.M.

(When there is no attending physician or midwife, then the householder should make this return.)

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.

Given or Christian name added from a supplemental report. _____ 191__

Address Miami, Arizona

156-930-388
COUNTY REGISTRAR.

Filed 10/9/20

Filed 10-10 1920 A True Copy

T.H. Slaughter
LOCAL REGISTRAR.

B.L. Cox
COUNTY REGISTRAR.